

**RENEWAL APPLICATION
NATUROPATHIC PHYSICIAN**



**MONTANA BOARD OF:
ALTERNATIVE HEALTH CARE
301 S PARK, PO BOX 200513
HELENA MT 59620-0513
(406) 841-2394**

LICENSE NO. _____

RENEW DATE _____

STATUS: _____

ADDRESS CORRECTIONS ONLY:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP/COUNTRY: _____

NAME: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

Your Montana Naturopathic Physician license will expire on April 30.
In order to renew your license:

- 1) Complete the renewal application.
- 2) Complete the continuing education attest statement below.
- 3) Answer the disciplinary question at the bottom of the form.
- 4) Submit a check or money order for \$275.00 made payable to the Board of Alternative Health Care. Do not send cash.
- 5) Renewals with an U.S. Postal Service postmark after April 30th will be assessed a penalty fee by state law of \$137.50, increasing the total to \$412.50. NO EXCEPTIONS!
- 6) Sign the renewal application.
- 7) Return the renewal application and fee to the Board office postmarked by April 30th.

CONTINUING EDUCATION ATTEST STATEMENT:

You are required to obtain 15 hours of continuing education (CE) credits within the 12 months prior to renewal on April 30 of each year, with 5 of those hours being in pharmacy. In order to renew your naturopathic physician license with a childbirth specialty, you are required to have 20 hours of CE with 5 hours in obstetrics and 5 hours in pharmacy obtained within the 12 months prior to renewal on April 30 of each year. The Board will be conducting a random audit of licensees during the renewal cycle to ensure compliance. If you are among those selected, you will be notified to submit documentation that you have completed the requirement. Any CE non-compliance determined by the audit will be handled by the Board as a disciplinary matter.

Naturopathic Physicians renewing their license for the FIRST time are exempt from the CE requirements but must fill out the renewal form and pay the renewal fee.

I have completed the required hours of CE for my naturopathic physician license, which includes 5 additional hours in obstetrics for licensees with a childbirth specialty. ____ Yes ____ No

I have not completed my continuing education and have enclosed a plan to complete my CE requirement. ____ Yes ____ No

I do not need continuing education, as this is my FIRST license renewal. ____ Yes

I declare under penalty of perjury that the above statement is true. I am aware that a false statement may lead to license discipline.
Incomplete or unsigned renewal applications will not be processed and will be returned.

LEGISLATION PASSED IN THE 2005 SESSION PROVIDES THAT A LICENSEE HAS 45 DAYS TO RENEW HIS/HER LICENSE BY PAYING THE LATE FEE. ANYONE RENEWING 46 DAYS OR MORE AFTER THE APRIL 30 DEADLINE DATE, MAY HAVE A COMPLAINT FILE OPENED AND THE POSSIBILITY OF UNLICENSED PRACTICE MAY BE ADDRESSED BY THE BOARDS DISCIPLINARY SCREENING PANEL.

Yes ____ No ____ Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your signature: _____ **Date:** _____